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SAN FRANCISCO
LOCAL HOMELESS COORDINATING BOARD

CONTINUUM OF CARE
INTEGRATED HEALTH AND HUMAN SERVICES COMMITTEE

AGENDAS AND MINUTES

2000

(The Minutes of this Committee were sometimes prepared on the stationery of the Department of Public Health, which employed the Committee Chair.)

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SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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The San Francisco Local Homeless Coordinating Board is overseeing the process of updating San Francisco's Continuum of Care Plan. This work will be done in committees involving service providers, consumers, City department representatives, advocates, business and community members over the next 6 months. The following Committee is focusing on specifically on Health and Human Services. For further information, contact Ramona Benson at 546-6756, ext. 11.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

INTEGRATED HEALTH AND HUMAN SERIVCES

Tuesday, June 13, 2000, 11 AM to 1 PM
25 Van Ness Ave, Room720
AGENDA

I. **For discussion:** Introduction and background to Continuum of Care plan.

II. **For discussion and possible action:** Proposed process for updating this chapter for Continuum of Care

III. **For discussion and possible action:** Proposed regular meeting date.

IV. **For action:** Review of current chapter from Continuum of Care.***

V. **Adjournment**

All meeting are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to health and human services for homeless individuals and families. Come discuss ways to more effectively and collaboratively serve homeless people. We'll need everyone's help to create a good product!

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8.428
Minutes
3/00

SAN FRANCISCO INTEGRATED HEALTH AND HUMAN SERVICES COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Tuesday, June 13th, 11 AM, 25 Van Ness, Room 720

Present: *Anne Kronenberg, Co-Chair, DPH; Ramona Benson, Co-Chair, Homeless Prenatal; Johanna Keeley, MOOH; Gail Gilman, Bridge Project; Ellen Krouss, SFAF; Rita Semel, Maria Martinez, DPH*

Meeting called to order 11:10 AM. Anne welcomed everyone and updated the group on DPH's part in updating this chapter of the Continuum of Care. She and Maria Martinez will be preparing a draft for the next meeting for review. The group is hoping to increase its participation. A lot of attention is currently on the shelter group but that participation may hopefully radiate out. Johanna will try and contact some folks about attending this subcommittee. Anne passed out a draft form titled, "Homeless Pathways Focus Groups". It was suggested that a series of focus groups could guide the group. This draft was created for DPH use and Anne will integrate the group's suggestions to the form to broaden its focus. Anne passed out a format for surveying the DPH programs that target homeless people. This will provide a clear picture of who is doing what. Focus groups were the subject under discussion for much of the meeting. It was suggested for organization, that other subcommittees consider them as a tool as well. The groups should also be done regionally, in the communities to ensure a fuller participation. Additionally, the co-chairs from the other subcommittees should attend so that overlapping issues can be addressed. Cost effectiveness needs to be considered with each action step. It is the plan to have both hard data from DPH and the layer community input with that. The questions for the focus groups should be designed thoughtfully and broadly enough to transfer to other subcommittees.

The group reviewed the draft section by section and added suggested changes. Under homeless clients to be served, SROs were a focus for attention. The language was suggested to read 'privately owned' SRO clients. Families, transitional housing clients were added. Specific populations were targeted such as veterans, disabled, children and youth. An attempt should be made to include doubled up folks. DPH is working to define homelessness but the group agreed for this purpose that the list was fine. Providers were reviewed with clarification to a lot of the break out sections because it was originally designed as an internal DPH document. For individuals, consumers will the first priority. It was agreed to include HIV/CBO outreach teams and collaborators. A concern was expressed that the groups be diverse. Outreach should be done with both youth and perhaps the Coalition to be inclusive. It was agreed that if the focus groups are done correctly, good input will be received. With focus groups, we could actually get more participation because it is a one-time deal. Johanna will look into incentive (such as serving food) for consumers to participate. Mixed groups will probably be the most productive and the timing of the various groups will be varied to ensure a wide and full participation. Anne and Maria will get a draft out to the group. A general consensus was agreed to 4-5 groups over a two week period in September, in the areas of Bayview, the Tenderloin/SOMA, Mission/SF General, Haight/Western Addition. It will be more effective to have the meetings on 'neutral turf' and to focus on consumers, staff and CBOs. It was agreed to have encourage professional staff to attend some community meetings but to also have one meeting just for them. It was suggested that each member of the subcommittee could facilitate a group.

The next meeting will focus on specific focus group questions. We will look into other focus groups done by TOD or CARE council for ideas. Meeting adjourned at 1:00 PM

Next meeting will be July 18th, 10 AM to Noon at 101 Grove Street, Room 220

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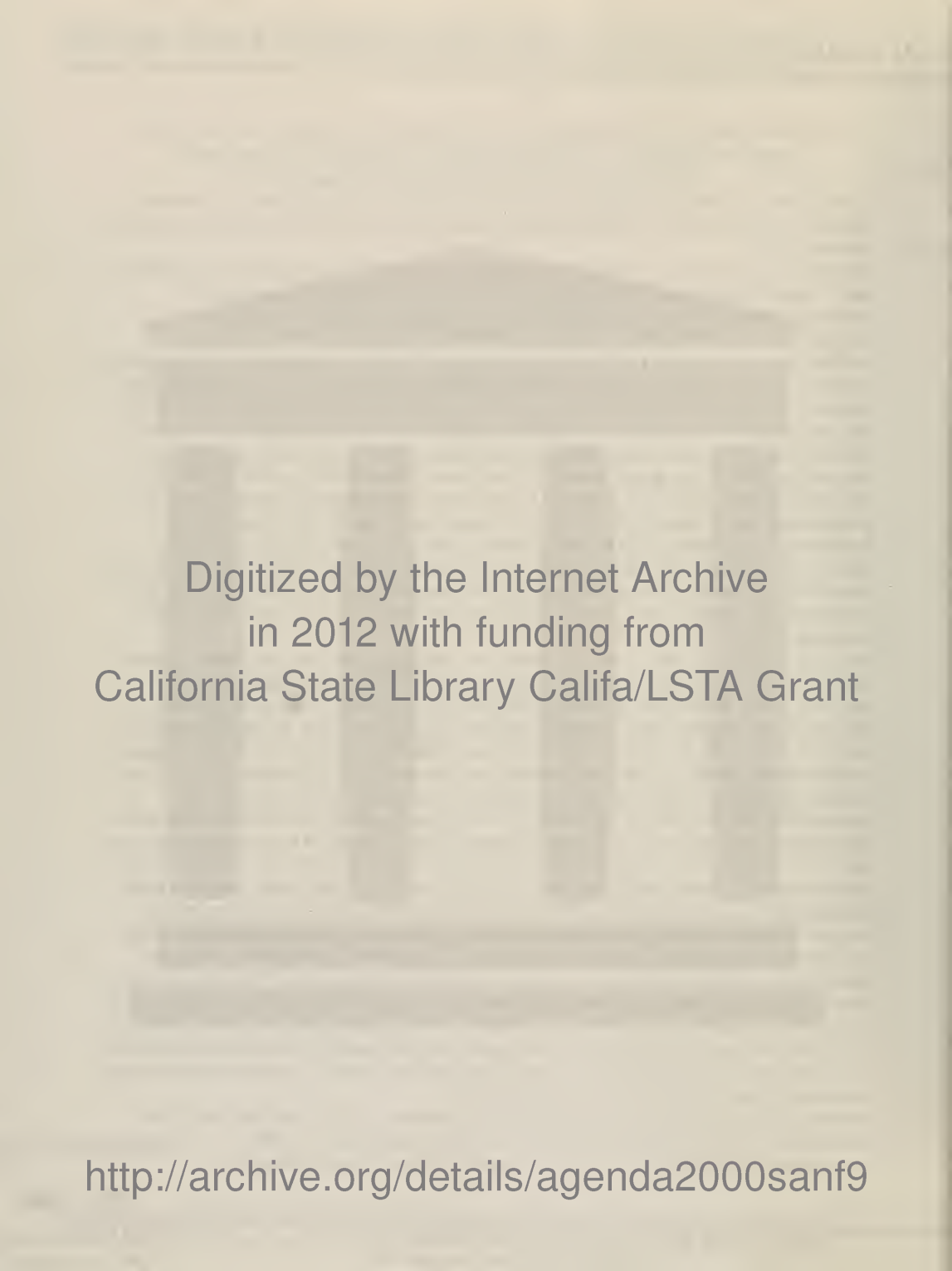
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SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting
INTEGRATED HEALTH AND HUMAN SERVICES
Agenda
Tuesday, July 18, 2000, 10.AM to 11 A.M.
101 Grove Street, Room 220

1. For action: Review updated chapter from Continuum of Care,
2. For discussion and possible action: Review updated Homeless Focus Group Worksheet,
3. For discussion and possible action: Review proposed questions for focus groups,
4. For discussion and possible action: Proposed Focus Group schedule,
5. Adjournment

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San Francisco Department of Public Health – Homeless Coordinating Committee

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Date: 07.17.00, San Francisco Local Homeless Coordinating Board-Integrated Health and Human Services.
Co-Chair: Anne Kronenberg
Co-Chair Ramona Benson
Present: L.S. Wilson, Joyce Miller, Ellen Krouss, Johanna Keeley, Kym Valdez, Louis Altman, George Smith
Minutes: Katherine Forbes

TOPIC	DISCUSSION	ACTION
I. Introductions	The meeting was called to order at 10:10am- Introductions were made.	
II. Review and Revise Continuum of Care	**Goal 1: Establish Multi-disciplinary Health Care Teams:** This Goal has not been accomplished, but it is in the works. The First Response Team will fulfill this goal and this should be completed in August. **Goal 2: Establish a Coordinated Health Care intake and Data Collection System.** This is not completed, but it is believed to be an important issue, there is a cost issue that goes along with looking at this. **Goal 3: Conduct an Inventory of DPH Homeless Programs.** This is in the process, the Homeless Coordinating Committee has come up with the definition of Homeless, and is currently working on a survey to inventory current homeless programs. **Goal 4: Monitor Discharges.** Still in the works- Bridge Committee, High User Committee and First Response Team are all moving in the right direction. **Goal 5 Increase Outpatients slots.** We have slots, but we don't know what the numbers are. **Goal 6: Increase Short-Tram Residential Beds.** We have slots, but we don't know what the numbers are. **Goal 7: Increase medical Detox Beds.** This did not happen last year, but the funds have rolled over and there is a plan in process **Goal 8: Establish Pre-Treatment Beds.** We need to re-examine the focus of this definition. **Goal 9: Expand Long-term Residential Treatment Beds.** This has happened but numbers will be determined.	Anne will present update of the Continuum of Care with numbers at the next meeting. • Katherine will provide her with the information • Anne will have more information for the next meeting for goal 3. • Find on the update on "A Mans Place" Are their Detox Beds available now? • Define" Pretreatment Beds" • We need to clarify Mental Health, Substance Abuse, and Dual Diagnosis

TOPIC	DISCUSSION	ACTION
		for these treatment beds.
III. Focus Groups	**Designated Places for Sites:** 1) Mission- Arriba Huntos, Women's Building 2) Bayview 3) Sunnydale 4) TL/ SOMA- 201 Turk (lunch time) 5) Haight Street 6) Richmond-Ella Hill Hutch **Potential Dates:** Last two weeks in September	**Contact People** 1) Johanna/ Arriba Huntos Ellen/ Women's Building Johanna will facilitate and find a Spanish translator 2) Kim will call Barbara Brown 3) Ramona 4) Joyce- Johanna will facilitate 5) LS Wilson 6) Joyce * Kym will announce information about the Provider Meeting to the staff, to get information to the front line staff*
V. Next Meeting	The next meeting has been changed, it will be Tuesday, August 22nd at 25 Van Ness Room 330A 10:30 am–12:00pm	

SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Continuum of Care Committee Meeting
INTEGRATED HEALTH AND HUMAN SERVICES
Tuesday, August 22, 2000, 10 AM to 11:30
25 Van Ness Ave, Room 330A

1. **For action:** Review updated chapter from Continuum of Care. Review of Human Services and Health Action Steps.

2. **For action**: Focus Group Schedule for September-a series of 6 neighborhood meetings designed to get consumer input.

3. **For discussion and possible action:** Review proposed questions for focus groups.

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SAN FRANCISCO INTEGRATED HEALTH AND HUMAN SERVICES COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Tuesday, August 22, 2000, 10 AM, 25 Van Ness, 3rd Floor

Minutes

Present: *Anne Kronenberg, Co-Chair, DPH; Johanna Keeley, MOOH; Gail Gilman, Bridge Project; Ellen Krouss, SFAF; Joyce Miller, COH/FRD; L.S. Wilson, COH; Michelle Magee, Harder & Co, Kym Valadez, Swords.*

Meeting called to order 10:18 AM. Anne welcomed everyone and updated the group on DPH's part in updating this chapter of the Continuum of Care. Anne passed out an update fro DPH. It contained two parts. The first part updated what happened on previous action steps and then second part discussed state and federal initiative that will effect healthcare in San Francisco. It remains unclear and possibly still undecided how exactly these new funds will effect the City. It is still very unclear to the group what gaps there are in the health care system. The Health Department doesn't yet know either, which is why it is still working internally on there definition of homelessness and service inventory. They are moving slowly to make sure the numbers are accurate for what is actually spent on homelessness. There are overlaps between what can be termed prevention, what is health care and what are supportive services? Managed care will need to be examined for its impact to the system. The Prevention Committee is working on the Single Standard of Care.

This group could make recommendations to DPH and other City departments as to how the process should move forward over the next 5 years. The organizational change is moving slowly and this is an opportunity to impact that process.

The need for a standardized dual diagnosis policy will need to come forth as a recommendation. The new Continuum should go further than just making recommendation; it should include implementation steps. Tracking and accountability need to be built into the document. The Local Board should take on the task of monitoring the plan and possibly creating a yearly report for itself, for the Board of Supervisors, for the Mayor and the City departments. The City departments would then be accountable to the Board for issues regarding carrying out of the recommendations of the plan. This recommendation should be carried to the Communication committee. Johanna will follow up. Perhaps the Local Board should have a budget? To be discussed. Anne will do some research on other Board that have been successful without a budget.

The committee then discussed the focus groups. Johanna updated the group on the work the Board has done on the issue in the past month. There were some suggestions from the Steering Committee that Johanna passed on. There was some confusion as to the difference between consumer input, focus groups and neighborhood input. Ramona had asked for a few questions from each subcommittee for the focus groups. We received responses from Civil Rights, Communication Systems and the Shelter committee. Michelle Magee expressed the concern that 9 areas of focus might too much for one group. It was clarified that this committee will focus on homeless people ONLY for their groups and use the 6 neighborhoods identified. As for neighborhood meeting, the Local Board never came to a final decision about how to do that. They could do it like MOCD, with posted times for certain topics in certain neighborhoods. The Board will have to make some decisions about this but this group can focus safely on consumer input. The group will continue with it's original intent and continue to ask the other committees for some questions to be included in the group.

The group decided to do 6 meetings. Two of them, the Bayview and TL/Soma group will be lunch meeting from 11:30-1 PM. The identified sites for Bayview is United Council and Kym will secure time. Ellen will secure the TL site, either St. Anthony's or Dorothy Day. The other 4 groups will be dinner meetings from 5:30-7 PM. Anne K. will secure Ella Hutch Community Center for the Western Addition meeting. Michelle will secure a site at the Visitacion Valley Village. L.S. will secure the Library in the Haight. Johanna will secure Arriba Juntos for a Mission site. The group agreed to each secure dates for the end of September/beginning of October and report back to Johanna by Friday. Food and cash incentives should be provided. The Mayor's Office will be asked.

The groups will be limited to 15-20 people and so 40 people for each group should be solicited. Five service providers from each area will be selected and each asked to provide a certain number of people. The service providers should attempt to get a broad range of people to the group. Those that both use and don't use services should be at the table. Each group should have 2 facilitators present and 2 note takers, in case the group breaks into two. The group should be no longer than 90 minutes. A few questions from each area of the Continuum is all the group can handle.

Anne will do a general flyer both for all the days for the meeting and then a specific one should be done for each meeting. Michelle will a draft for recruitment. Michelle will also prepare a presentation for the Steering Committee on Monday.

The group decided to firm up the questions and outreach at the next meeting.

Next meeting will be Tuesday, September 12th from 10:00-11:30 at 101 Grove, Room 220.

Meeting adjourned 11:30 AM

Notes taken by Johanna Keeley, Mayor's Office on Homelessness.

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Agenda
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Continuum of Care Committee Meeting
INTEGRATED HEALTH AND HUMAN SERVICES
Tuesday, September 12, 10 AM to 11:30
101 Grove Street, Room 220

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1. **For action:** Review updated chapter from Continuum of Care.

2. **For discussion and action:** Create and finalize questions for consumer focus groups.

3. **For discussion and action:** Outreach plan for participants for focus groups.

All meetings are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to health and human services for homeless individuals and families. Come discuss ways to more effectively and collaboratively serve homeless people. We'll need everyone's help to create a good product!

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San Francisco Department of Public Health – Homeless Coordinating Committee

Date: 09.12.00
Chair: Anne Kronenberg
Co-Chair Ramona Benson
Present: Johanna Keeley, Ellen Krouss, Joyce Miller, Kym Valdez, Ramona Benson, Michelle Magee
Guest: Wendy Phillips
Minutes: Katherine Forbes

TOPIC	DISCUSSION	ACTION
I. Introductions	The meeting was called to order at 10:10am- Introductions were made.	
II. Review and Revise Continuum of Care	Anne handed out questions from committee members and from focus groups to review and revise.	• Michelle will make additions and changes to questions and get them to Johanna. Johanna will get them to committee and co-chairs. • Michelle will get the flyers out to inform everyone about the focus groups, times and locations.

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TOPIC	DISCUSSION	ACTION
III. Focus Groups:	Our goal is to incorporate homeless/and formerly homeless persons to assist and participate in the focus groups for example co-facilitating or helping with notes. **Designated Sites for focus groups and Contact Persons:** 1) Mission: **Johanna** 2) TL/ SOMA: **Ellen:** Kym will co-facilitate, Ramona 3) Western Addition: **Anne:** Joyce, and Ramona will get someone from Homeless Prenatal 4) Bayview: **Kym,** Devon will co-facilitate (?) 5) Visitation Valley: **Ramona,** Mike Bennett will co-facilitate(?) also Joyce/ Michelle will attend 6) Haight Street: **LS,** Wendy Phillips will co-facilitate All Focus Groups need to have 4 people staffing the meetings. Two facilitators and two co-facilitators, this is to provide adequate staffing in case there is a large number in addendance. There also needs to be someone taking notes. The facilitator should not be the note taker.	• Johanna will take reponsibility to make teams of 4 for the Mission. • Note takers will need to address the population that attends these focus groups in the minutes, i.e.," It appears to me that this groups consists of predominantly African American, women in their thirties...," • Contact people will need to purchase the food for the meetings and give receipts to Johanna.
IV. Next Meeting	We have added meetings to our current schedule. We will now meet the second and forth Tuesday of every month through the month of November at 101 Grove. Our next meeting will be Tuesday, September 26, at 1:00-2:30 101 Grove # 220.	• Johanna will notify committee of room changes.

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Continuum of Care Committee Meeting
INTEGRATED HEALTH AND HUMAN SERVICES
Tuesday, September 26, 1:00-2:30 PM
101 Grove Street, Room 220

1. **For action:** Any follow up on focus groups
2. **For discussion:** Assessing the Health and Human Services environment for needs and gaps in services.

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San Francisco Department of Public Health – Homeless Coordinating Committee

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Date: 09.26.00
Chair: Anne Kronenberg
Co-Chair Ramona Benson (Not present)
Present: Johanna Keeley, Willow Shrader, Michelle Byrd, Michelle Magee, L.S. Wilson
Guest: Wendy Phillips
Minutes: Katherine Forbes

TOPIC	DISCUSSION	ACTION
I. Focus Group Updates	Johanna: • So far there has been a very good turnout, at the focus group held at Dorothy Day, it was turn away only. • Deven Richardson will take the lead in the focus group that will be held in the Bayview.	
II. Definition of Strategy area and goal of committee draft Presented by Harder and Company 4 main areas: Physical Health Care Mental Health Care Substance Abuse Social Services	IHHS Goal: To deliver effective and **accessible** health and human services for homeless and at risk individual and families. To be referred to other committees: Families: • Infant mortality • Maternal/ Prenatal Care • Family reunification • Domestic Violence Counseling (maybe Strengthening Shelters) • Personal assistance services for disabled people • Money management • Housing placement(exits) Information: • Information and referral Civil Rights: • Advocacy/ Legal assistance Income, Education, and Employment: • Adult education and life skills training *IHHS also decided that "public benefits counseling and advocacy" and "crisis counseling" fall under case management.	• Willow, Michelle, and Anne will meet with Lydia to discuss Mental Health Care and Substance Abuse overlap between the IHHS and Prevention committees. • Willow will follow up wit AIDS Action steps. • Anne will follow up with Kate Monico-Klien about DV action steps. • Anne will find out what outreach is being done. • Willow will bring finalized outcome of " Assessing the environment " to the next meeting. • Development of new action steps to stress integration of service areas
III. Next Meeting	The next meeting will be October 10th at 25 Van Ness Room 720	

SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Agend.

Continuum of Care Committee Meeting

INTEGRATED HEALTH AND HUMAN SERVICES

Tuesday, October 10, 1:00-2:30 PM

25 Van Ness Ave, Room 720

18.428

1

10/00

1. **For discussion:** Assessing the Health and Human Services environment for needs and gaps in services.
2. **For action:** Development of new action steps

All meetings are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to health and human services for homeless individuals and families. Come discuss ways to more effectively and collaboratively serve homeless people. We'll need everyone's help to create a good product!

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San Francisco Department of Public Health – IHHS Committee

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Date: 10.10.00
Chair: Anne Kronenberg
Chair Ramona Benson
Present: Johanna Keeley, Willow Shrader, Michelle Byrd, Michelle Magee, Kym Valadez,
Guest: Wendy Phillips (DPH Intern), Winnie Xie (DHS Housing and Homeless Programs)
Minutes: Katherine Forbes

TOPIC	DISCUSSION	ACTION
I. Introductions:	Meeting was called to order at 1:30 and Introductions were made.	
II. Review IHHS goal and assessing the environment	Presented by Willow from Harder and Company: There were two handouts passed around, the revised IHHS goal and assessing the environment, which is a draft form.	• Kym will assist Willow to get more information on Vets to add statistics. • Anne and Katherine will get statistics from TB/STD/Hep/ Immunization to bring to the next meeting.
III. Physical Health Care:	Primary Action Steps: 1. Expand Action Point Program. 2. Add Health Department for integrated services. ➢ Case management team integration ➢ Services through communication 3. Increase education about primary health centers. 4. Link existing outreach teams to community clinics sties- spread sources where client needs are. 5. Decease Emergency room visits. 6. Better ways to maintain clients medication. 7. Ensure continued high level of HIV care following the cuts in the Ryan White Funds. 8. Develop protocol for Hep. C. ➢ Educate health care providers and clientele. 9. Increase education on childhood immunization.	• Anne will bring back proposed recommendations from Health Care Committee for the next meeting; this will give us direction of where to start. • Johanna to talk with Care Council-Gail Gilman on their action steps re: HIV/AIDS.
IV. Mental Health:	Primary Action Steps: 1. Maintain single standard of care. 2. Increase number of easy accessible " social model" detox. 3. Increase residential beds. 4. Provide more family detox programs. 5. Provide more residential bed. 6. Educate on Harm Reduction Model.	• Johanna will get information/ updates on TOD (Treatment on Demand). • If there are any other sub-populations that the group.
V. Next Steps:	Next meeting, Tuesday, October 24th 101 Grove # 220 at 1:00-2:30.	

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Agenda

Continuum of Care Committee Meeting

INTEGRATED HEALTH AND HUMAN SERVICES

Tuesday, October 24, 1:00-2:30 PM

101 Grove, Room 220

8.428

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OCT 25 2000

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1. **For discussion:** Presentation of results from focus groups

2. **For action:** Continued development of action steps in categories of Physical Health, Mental Health Care, Substance Abuse and Social Services.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

INTEGRATED HEALTH & HUMAN SERVICES COMMITTEE

Tuesday, October 24th, 2000, 101 Grove Street, Room 220

Minutes

Attendance: Anne Kronenberg, Chair (DHS), Michelle Magee, Willow Shrader (Harder), Joyce Miller, Bianca Henry (FRD/COH), Jenny Friedenbach (COH), Kym Valadez (Swords), Johanna Keeley (MOOH)

Anne called the meeting to order at 1:20. Kym Valadez shared some statistics she has regarding vets. They are included below.

1. It is estimated that 275,000 veterans are homeless on any given night and twice that number experience homelessness over the course of a year.
2. Approximately one-third of the homeless have served in the United States military, and 1.6% are female veterans.
3. Those with PTSD are five times more likely to be unemployed than those without it and up to six times as likely to abuse drugs and alcohol.
4. More than half of all homeless veterans have drug or alcohol abuse problems that may have started or worsened during their military service.
5. One third of homeless veterans have a mental health problem, and half of these have co-occurring substance abuse problems. Female veterans are 52% more likely to suffer from a serious psychiatric illness, but 72% less likely to have a substance abuse disorder. A survey conducted at a large VA medical center in California found that 30% of psychiatric inpatients were homeless at admission. (Homeless in America, Ed. by Tim Baumohl for the National Coalition for the Homeless, 1996)
6. The V.A., since 1994, has systematically slashed its residential capacity in both psychiatric hospital stays, and substance abuse treatment, in its turn over from being an inpatient 'hospital/facilities based system' to an outpatient 'service oriented/health provider system', resulting in a local loss of approx. 300+ beds in the Bay Area alone.
7. Veterans are homeless for many of the same reasons that anyone can be: poor job market, steep housing costs, slashed social programs, and military downsizing. The lack of affordable housing is a significant problem.
8. The most effective programs for homeless veterans, supported by research from the Veterans Administration itself, is for a collaboration between local V.A.'s and veterans service community based organization. (National Coalition for Homeless Veterans, May, 1994
9. A study of blood samples in the San Francisco area found 19 percent of veterans using the San Francisco V.A. hospital were infected with the hepatitis C Virus, compared to 2 percent in the broader population. (National Gulf War Resource Center, Inc. November 11, 1999)

(Numbers 1, 2, 3, 4, 6, 7, 8 from the same source, outlined in #8)

Jenny F. reviewed the recommendations to the committee from the Coalition in the areas of mental health and substance abuse. Most of these suggestions came directly from consumers and some are from the COH report, "Locked Out". Some were developed from the Single Standard of Care. COH's recommendations are in different type to delineate between discussion on ideas. This text is directly from the COH memo to the Local Board.

1. Residential Care (additional residential care each year)

Amount Requested: $700,000

Department: Department of Public Health
Brief Description:
Residential care facility for 10 people, where residents can live as long as needed, and where homeless people are targeted. Dual Disorder capacity and substance tolerant. Treatment would be flexible to allow for individual needs
Number of People Served: 10 at any one time
Statement of Need:
Over half the board and care facilities in San Francisco have been lost over the past ten years. In fact, the entire Mental Health Treatment system in San Francisco has been dangerously cut back over the past twenty years. Last year, some initial steps were finally taken to expand the mental health system in San Francisco, which included expanding only outpatient treatment. This year, additional steps need to be taken to start addressing the large unmet need in other parts of the system - including residential care.
Target Population:
Adults who are homeless and have both mental health and substance abuse disorders and need an intensive level of services.
Expected Savings:
This initiative is a basic investment that would truly start to reduce reliance on acute psychiatric care in hospitals - which cost twice as much. It would also engage people in mental health services, as it is voluntary in nature.

The idea would be to add one RC per year because the system is currently very backed up. This program would be for stays of 6 months to 2 years, before a client moved to a co-op.

2. Patient Rights Advocacy Services

Amount Requested: $ 50,000
Department: Department of Public Health
Brief Description:
Fund one full time position to deal with access issues, when individuals trying to access services are denied services, have a hard time navigating the bureaucracy, or have their services terminated.
Number of People Served: 240 people per year
Target Population:
Mental health consumers who are having a difficult time accessing the mental health system.
Statement of Need:
Last year, the Department reported that 50% of those requesting treatment, and qualifying for treatment, never received that treatment. The Department has been unable to figure out why this is. However, in a survey conducted by the Coalition on Homelessness of homeless people with mental health issues found that 30% of those who tried to access services never received them. The primary reason for this was the difficult access process. The public debate around mental health issues has gone almost

full circle: mental health consumers are not just screaming about being locked in; they are also desperate because they are now locked out. A PRAS advocate would go along way in assisting individuals with mental health issues access the mental health services they are asking for.

Expected Fiscal Savings:

This intervention would also save the city money in ensuring people have access to on-going mental health treatment, instead of waiting until that individual reaches psychiatric crisis and is forced to utilize Psychiatric Emergency Services at San Francisco General Hospital.

The mental health system usually has advocates in the hospital for involuntary treatment only. While case managers do this, it would allow someone to focus just on advocacy. Jenny assess the number at 2000 people. She sees this as a homeless issue. It would be fine to start this as one-year pilot.

MediCAL/SSI ADVOCACY

Amount Requested: $261,913 Annualized

Department: Department of Public Health

Brief Description:

This should be a consumer led effort, that includes follow-up. A current organization that already serves individuals with mental health issues would be ideal. Services would be located on-site at mental health clinics. Legal strategies to get people on SSI, such as presumptive eligibility, would be utilized.

Number of People Served: 150

Target Population: Mental health consumers including homeless people and GA recipients of various ethnicity's and communities throughout San Francisco.

Statement of Need:

Additional SSI advocacy is needed as there are thousands of individuals in San Francisco who should qualify for disability benefits and MediCal, but because of the difficult application process and arduous documentation requirements, cannot get it without legal assistance.

Expected Fiscal Savings:

With an estimated 60% success rate, this would save the city at least $621,000 in GA costs and $765,000 in MediCal costs, for a total of $1,386,000 in direct city savings.

Expected Outcomes: At least 90 additional people will receive disability benefits and MediCal.

Jenny estimates 4000 people in the mental health system with no income. We only have one service of this sort in the City. There is a private non-profit (deep) that does this work The expected fiscal saving are very conservative. It was commented as unknown why this hasn't been done yet.

New potential action step: Increase rep. Payee services-currently all services are full, leaving clients who need money management to get their benefits no where to go.

3. Integrate Job Training/Employment in Mental Health services

Amount Requested: $200,000
Department: Department of Human Services
Brief Description:
This would be a voluntary service component integrated into mental health services, but located in the community. Job training and retention services would be provided by a community organization that is an employment training specialist. Services would include peer support job retention services once individuals were placed. Services would also include information on maintaining disability benefits while working.
Number of People Served: 150 people at any one time/425 per year
50 training slots/ 100 job retention slots
Target Population:
Extremely low income mental health consumers, including those who receive public benefits and are homeless.
Statement of Need:
People suffering from mental health disabilities benefit greatly from the stability and fulfillment of employment. At the same time, many consumers face great discrimination from potential employers, and require specialized employment assistance. In a recent report, "Locked Out", by the Coalition on Homelessness, many homeless people with mental illnesses wanted assistance with training, seeking employment and retaining that employment.
Expected Fiscal Savings:
Employment for individuals with mental health issues would save the city medical, welfare and other social service costs. It is expected that 75% of those entering training will end up in employment. If half of those receive General Assistance before obtaining employment, the City would save $1,365,000 in cash assistance alone.

Jenny views this as being more than day treatment. It does overlap with the work of the Income, Employment and Education Committee. This gets at the need for additional job support for folks with mental health issues. There is also a need for compensated work therapy.

4. Peer Based Activity and Treatment

Amount Requested: $304,512 ($100,000 funded this year)
Department: Department of Public Health
Brief Description:
This would fund 10 peer counselors in 1 -3 Community Based Organizations. Peer counselors would offer peer counseling, transportation and follow up to ensure appointments, are met, as well as organize activities, support groups, and education.
Number of People Served: 600 per year

Target Population: Extremely low income mental health consumers, targeting the very difficult to serve.

Statement of Need:

According to the Coalition on Homelessness, "Locked Out" report, over half of survey respondents had a negative experience with the mental health system. When asked what would help individuals, many individuals wanted peer treatment. There is currently a dire lapse of peer services in San Francisco, yet there are many trained peer counselors due to recent efforts of the Office of Self-Help. Peer counseling is an proven effective tool to assist mental health consumers manage their mental health.

Expected Fiscal Savings:

Peer models are not only more effective for many individuals, including those who have been "turned off" to mental health services in the past, but are also quite cost effective. Peer models cost a third of the cost of clinical models.

This has already been partially implemented. It is targeted to folks 'turned off' by the mental health system. There could be a cross here with prevention.

5. 24 hour services capacity

Amount Requested: $900,000*

Department: Department of Public Health

Brief Description:

Fund new or existing consumer friendly drop-in center or service provider to serve people with mental illnesses after hours. Peer and medical crisis intervention would be provided to individuals with mental health crisis.

Number of People Served: 30 at any one time/ 400 over year

Target Population: Homeless mentally ill people, including those who are difficult to serve and using substances.

Statement of Need:

There are no after hours psychiatric services in San Francisco, with the exception of Psychiatric Emergency Services at San Francisco General Hospital. Individuals who experience psychiatric crisis after hours are dealt with by the police, and when necessary taken to the hospital. This is counter-therapeutic, and often leads to permanent distrust of psychiatric services on the part of the consumer. A large proportion of homeless people with mental illnesses requested 24-hour services, in the report "Locked Out" by the Coalition on Homelessness.

Expected Fiscal Savings:

After hours crisis services would lead to a decreased reliance on San Francisco Psychiatric Emergency Services. After hour services would prevent psychiatric episodes from escalating in most cases, avoiding the need for expensive hospitalization.

**Rough estimate only. Task force needed to flesh out actual cost and design.*

Jenny points out that 1 out 4 call to the police are psych. issues. This is a sort of 'safe haven'. Could this be in the RFP for the shelters? Jenny doesn't think the shelters have the capacity but it

could be visited. This could also maybe work with the First Response idea. We would need to keep the crisis counseling component.

6. ELIMINATE OBSTACLES TO TREATMENT

For people **who tried but didn't get into treatment**, there are numerous obstacles that need to be overcome. The reliance on centralized intake is not appropriate for all homeless people.

a. Transportation needs should be addressed for those who cannot access public transportation due to their disability.
b. Drop-in hours should be established, where people can drop-in and access treatment. These services should be available as much as a person needs it, which may be more than what individuals are currently authorized to receive.
c. Service hours should be expanded to accommodate schedules, such as room for after-hours services.
d. Expanded street and shelter based treatment - services should be brought to where people are located.
e. System should focus on standardized intake, as opposed to centralized. This has started to happen but more work needs to be done. People should be able to enter system at a variety of community based organizations - not just mental health clinics or central access.
f. Access needs to be further examined for barriers that prevent people from accessing services. Again, a change to some drop-in hours for assessment, and less reliance on appointment based services. Intake is far too intensive to accommodate many homeless people's disabilities.
g. Patient Rights Services should include an advocate to respond to access issues people are facing. For example, when an individual is denied or terminated from treatment, and would like to grieve this issue.
h. Have services where people can receive services first, and once engaged, fill out paper work later. For example, minimal paperwork necessary for follow-up could be completed at end of first appointment.

This is a combination of whole lot of different ideas, some policy and some programs. With mental health, the biggest piece is access. "D" is being addressed in the Strengthening Adult Shelter committee. There are two points of access right now into the mental health system, either through the integrated service centers (4 of them) and the 800 number. We could recommend that the Health Commission adopt these as program strategies and not wait for the Continuum of Care. There is almost nothing in place for families. Almost no place for childcare in treatment, just Jelani and Progress Foundation.

7. ACCOUNTABLE MENTAL HEALTH SYSTEM

To address **large number of negative experiences** with mental health system, accountability must be built within the Division.

a. Need to implement independent uniform grievance procedure for all services that receive city CMHS'S money. Would include advocate that responds to individual

complaints about access and on-going services. Decision maker would be independent body. Advocate would conduct outreach to educate people on how to access system. Advocate could be housed at new PRAS services. Grievance Policy would be very simple: Call or drop-in to see advocate. Advocate tries to settle dispute. If that doesn't work, advocate represents you at hearing.

b. Information from this new consumer friendly grievance procedure would be used to help hold the system accountable. Numerous complaints would trigger a policy/staff review.

Jenny reports past administrations have agreed to do this but it has somehow not gotten done. The Coalition would like to see a uniform grievance procedure, like the shelters have, for both mental health and substance abuse.

The group agreed to stress the need for dual diagnosis treatment for families and their children. Anne pointed out true system integration would address this.

This overall recommendation of integration should be listed before any action steps come up. Additionally, it should be stressed that the focus is the client/patient. Kym doesn't know why this idea doesn't get off the ground more than it has. Maybe we can write concrete steps into it this time. Integration has to go beyond just MOU's between agencies, which are easy to get. Jenny would like to see 75-80% of programs become dual diagnosis in.....years but name a number in the plan.

8. Broad mental health services recommendations

a. Ensure all services that are offered are comprehensive, serving all the individuals needs connected to mental health, not just the mental health issue itself.

b. Ensure continuity and follow-up after people receive treatment, as well as while they are receiving treatment.

c. Ensure consumers give informed consent after they are provided with comprehensive treatment choices, as well as pros and cons of various approaches.

9. DUAL DISORDER POLICIES AND SERVICES

a. Implement dual disorder policy within the mental health and substance abuse service systems. Currently there are only two residential dual disorder programs that are extremely hard to get into. The implementation of the dual disorder policy not only mean making current programs accessible to each people with both issues, but also the development of explicit dual disorder programs.

b. Develop and implement state of the art minimum pharmacology standards for all Doctors to use in their approach to treating mental health patients with psychiatric medications who are also actively using street drugs, or suffering from withdrawal from street drugs or methadone.

Substance Abuse Treatment

It seemed as if the substance abuse recommendations were mixed in with mental health recommendations. It is not clear where you say in two places residential treatment whether you mean substance abuse or mental health.

The Treatment on Demand Council has not prioritized social model detox, except for youth and families with children (where there are some licensing issues and 0 exist now), and has really focused on medically supported detox. In addition, the focus has been on treatment; harm reduction, residential and outpatient treatment.
As you probably know, TOD will finish its prioritization for next year at the next meeting. However - this is only a one year recommendation, and we will need similar resources for each of the five years of the plan if we are ever to meet our goal of having treatment available on demand.
We recommend the plan spell out year 1 recommendations, and include language for years 2 - 5 to fully implement all TOD priorities for that year.
In addition, harm reduction education is very important, but we also need explicit harm reduction programs, of which we currently have very few in San Francisco.

Anne reported back some health statistics she gathered. The TB case rate in the TL/SOMA resembles sub-Saharan Africa. 200 per 100,000 people and 1 in 17 are homeless. 53% of TB cases also had HIV infection.
For childhood immunizations, at Hamilton shelter they offer shots on site to at least 20 children. Others are done through Tom Wydell. Other shelters, like St. Joseph's, have MOU's with local hospitals and do immunizations that way. Families are encouraged to get immunizations through their primary health care provider but that's unlikely, as not all families have a primary care provider.
Tom Wydell estimated they do 60-70% of the homeless with the flu.
There is great concern with Hep A and Hep B. We need better follow up. Maybe an action-point model.
Bianca will work on some recommendations for use of the Health van to bring back to the group to review.
Meeting adjourned 2:30 PM.
Next meeting: Tuesday, November 7th, 1-2:30 at 25 Van Ness, Room 720.
Notes taken by Johanna Keeley, MOOH

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Agenda

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11/7/00

Continuum of Care Committee Meeting

INTEGRATED HEALTH AND HUMAN SERVICES

Tuesday, November 7, 1:00-2:30 PM

25 Van Ness, Room 720

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1. **For action:** Continued development of action steps in categories of Physical Health, Mental Health Care, Substance Abuse and Social Services.

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#2
11/7/00

San Francisco Department of Public Health – IHHS Committee

Date: 11.07.00
Chair: Anne Kronenberg
Present: Johanna Keeley, Willow Shrader, Michelle Byrd, Jenny Friedenbach, Joyce Miller, Bianca Henry, Winnie Xie, Wendy Phillips
Minutes: Katherine Forbes

TOPIC	DISCUSSION	ACTION
I. Introductions:	Meeting was called to order at 1:30 and Introductions were made.	
II. Revisons:	**Physical Health Care:** The Committee has agreed to adopt the following action steps: • Increase access to primary health care • Ensure adequate level of HIV/AIDS services to appropriate communities • Find local dollars to replace Ryan White funds • Increase number of children being immunized (use model of St. Mary's done at St. Josephs?) [The Committee wanted stronger language for this action step] • Provide lead testing concurrently with childhood immunizations • Increase adult immunizations • Expand Action Point program **The following items were tabled until more information is gathered about outreach, and its successes and shortcomings:** • Add DPH goals for integrated services [Possible action step: Support First Response] • Increase education/outreach about primary care centers—availability, access; fear (i.e. positive response to Tom Waddell, model of outreach?) • Link existing outreach teams to community clinic sites; spread services to where people actually are **The following items will be considered further after looking at Treatment on Demand:**	• Katherine will follow up an Action Point re: What is the capacity now? What would they like to see happen? Expand to other neighborhoods? Use Action Point as a model and expand to other types of meds, e.g. mental health] • Johanna will bring the prioritized Treatment on Demand recommendations for the Committee to review and possibly adopt. • We have a defined the strategy area. Anne will draft something for the next meeting to define some priciples, so as we are pulling this together we will have specific principle in order to be able to prioritize. • Willow will bring the outcomes of the focus groups to the next meeting. • Anne requested Barbara to come to the next meeting to speak about the First Response Team. • Bianca and Jenny will flesh out action steps for perpetuators in Domestic Violence

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TOPIC	DISCUSSION	ACTION
	• Concurrent HIV and Hep. C testing? [expense was questioned] • Develop protocols for when to test for Hep. C, and ensure that those tests are being given • Provide education on Hep. C to clientele and providers • Immunize for Hep. A and B **Mental Health:** COH/ SAMH's action steps for mental health have been adopted. They cover the following issues, set forth in the 10/10 Committee meeting: • As a system, look at mental health and substance abuse together • Single standard of care • Increase residential beds for mental health • Find better ways to ensure people get their medication **Substance Abuse:** The Committee has also agreed to adopt some actions steps on substance abuse set forth by Jenny Friedenbach and the Coalition on Homelessness (see her handouts to Committee on 11/7). The language for these action steps still needs to be finalized. In addition, Jenny's action steps do not include everything that the Committee brought up at the 10/10 meeting. Therefore, the Committee needs to either decide not to cover those issues, or create additional action steps to include them. I have italicized issues from the brainstorm that seem additional to Jenny's recommendations. Others may be added by Committee members. • As a system, look at mental health and substance abuse together • Create more slots than the target population: people often don't succeed until 2nd, 3rd time in treatment • Increase number of social model (easy access) detox beds/slots • Increase residential treatment beds • Link social model detox beds to residential treatment—create easy and sure transition • Family detox • Harm reduction/pretreatment slots • Increase (neighborhood-based) residential treatment for families **Social Services** • Domestic violence services for youth, perpetrators, intact families	

TOPIC	DISCUSSION	ACTION
V. Next Steps:	Next meeting has been rescheduled from November 14th to November 17th. The meeting will be at 25 Van Ness room 730 1:30-3:00.	

SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

The San Francisco Local Homeless Coordinating Board is overseeing the process of updating San Francisco's Continuum of Care Plan. This work will be done in committees involving service providers, consumers, City department representatives, advocates, business and community members over the next 6 months. The following Committee is focusing on specifically on Health and Human Services. For further information, contact Anne Kronenberg at 415-554-2556.

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11/17/00

Continuum of Care Committee Meeting
INTEGRATED HEALTH AND HUMAN SERVICES
Friday, November 17th, 1:30-3:00 PM
25 Van Ness, Room 720

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1. **For action:** Continued development of action steps in categories of Physical Health, Mental Health Care, Substance Abuse and Social Services.

All meetings are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to health and human services for homeless individuals and families. Come discuss ways to more effectively and collaboratively serve homeless people. We'll need everyone's help to create a good product!

Know your right under the Sunshine Ordinance

The government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's reviews. For more information on your rights under the Sunshine Ordinance (Chapter 67of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Rachel Arnstine O'Hara, Clerk, City Hall, Room 362, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4683, Telephone: (415) 554-6171, Fax: (415) 554-6177, E-Mail: Rachel_ArnstineO'Hara@ci.sf.ca.us. Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us.

Disability Access

25 Van Ness is wheelchair accessible. The closest accessible BART station is Civic Center, three blocks from 25 Van Ness. 25 Van Ness Avenue is MUNI accessible by the 47 and 49 bus. Please call MUNI, 923-6864. Large print copies of the agenda will be made available on request. Please contact 252-3158 at least two business days in advance of need. In order to allow individuals with environmental illness to attend meetings, all are asked to refrain from wearing perfume or other scented products.

Translation services

Interpreters for languages other than English are available on request. Sign language interpreters are also available on request. For either accommodation, contact 252-3158 at least two business days before a meeting.

25 Van Ness Ave, Suite 750, San Francisco, CA 94102, ATTN: Liaison to Local Board
415-252-3158, Fax: 415-252-3118
http://sfgov.org/lhcb